

**Leon County
Human Services Division
Agency Report of Payments and Expenditures
General Revenue Human Services Funds for FY 2002/03**

Name of Agency		Ending Date of Reporting Month/Period	
Current Monthly Expenditures of Funds	Cumulative Expenditures of Funds		Balance of Funds on Hand
Amount of Payment Request			

RECAP OF GENERAL REVENUE FUNDS				
Cost Category	Project Budget	Current Expenditures of Funds	Total Expenditures to-Date (amount spent)	Unexpended Budget (Remaining funds)
1. Personnel Services				
2. Contractual Services				
3. Materials and Supplies				
4. Occupancy and utilities				
5. Equipment, rental and maintenance				
6. Printing and copying				
7. Telephone				
8.Travel				
9. Direct Services				
10. Collaboration Activities				
11. Other: Specify				
TOTALS				

Leon County Human Services Division

Report of Clients Served

Agency Name: _____

Program Title: _____

Reporting Period: _____

1. Aggregate Benefit	Client Demographics					
a. Persons Served	Total	White not Hispanic Origin	Black not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander
Male						
Female						
Low Income						
Very Low Income						
Very, Very Low Income						
Clients Served More Than Once						
Female Headed Households						
b. Age Groups of Clients						
0-5						
6-12						
13-18						
19-25						
26-39						
40-54						
55 - above						

2. Number of Clients Served By Census Tract Area During this Reporting Period

Census Tract Number	Number of Clients Served	Census Tract	Number of Clients Served In	Census Tract	Number of Clients
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	In Census Tract Area	Number	Census Tract Area	Number	Served In Census Tract Area
1		10.02		19	
2		11.01		20.01	
3		11.02		20.02	
4		12		21	
5		13		22.01	
6		14		22.03	
7		15		22.04	
8		16.01		City-wide	
9.01		16.02		*Homeless	
9.02		17		Other: Specify	
10.01		18			

*Individuals who are currently homeless or living in temporary and unstable living situations.

3. Record of In-Kind Contributions During this Reporting Period

Activity (Volunteer hours, Fund Raiser, Donations, etc.)	Possible Dollar Value
Total Estimated Value =	

4. PROGRAM NARRATIVE

1. Progress toward meeting contract **goals and objectives** (restate program goals/objectives as stated in the Agency Agreement and describe how they are being met - include all **tasks/activities** accomplished during this reporting period). (Discuss any significant obstacles in meeting stated goals/objectives.)
2. List **collaborative activities** conducted during this reporting period.
3. Do you require any changes in the Agency Agreement such as modifying stated goals and objectives?
4. Do you require any technical assistance in order to achieve program goals, objectives, etc. (please explain)?

Verification Section must have original signature of Agency Director

Fiscal Report Prepared By: _____ Date: _____

Client Data/Narrative Prepared By: _____ Date: _____

Agency Contact Person: _____ Telephone: _____

Signature of Agency Director: _____ **Date:** _____